

# ALARM LICENSE APPLICATION TOWN OF FOUNTAIN HILLS, ARIZONA

Please fill in all blanks applying to your business:    ☐ Resident    ☐ Non-resident    ☐ New    ☐ Branch location

**BUSINESS NAME AND LOCATION INFORMATION:** A separate application must be filled out for each branch establishment or separate place of business.

Business Name \_\_\_\_\_ Business Start Date @ this location \_\_\_\_\_

Local Manager's Name \_\_\_\_\_ Title \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Fed. I. D. Tax # \_\_\_\_\_

List previous ownership and participation in other alarm & security companies \_\_\_\_\_

Complete physical address where business is located \_\_\_\_\_

Mailing Address if different from physical address \_\_\_\_\_

List Towns/Cities where business is transacted \_\_\_\_\_

**OWNERSHIP INFORMATION:**    ☐ Proprietorship    ☐ Partnership    ☐ Corporation    ☐ Other \_\_\_\_\_

\*Attach additional sheet if necessary

1) \_\_\_\_\_  
Name of Owner or Officer    Date of Birth    Title    Home Phone    Social Security Number

Driver's License Number    Street Address    City/Town    State    Zip

List all prior criminal convictions for the last five (5) years: \_\_\_\_\_

2) \_\_\_\_\_  
Name of Owner or Officer    Date of Birth    Title    Home Phone    Social Security Number

Driver's License Number    Street Address    City/Town    State    Zip

List all prior criminal convictions for the last five (5) years: \_\_\_\_\_

3) \_\_\_\_\_  
Name of Owner or Officer    Date of Birth    Title    Home Phone    Social Security Number

Driver's License Number    Street Address    City/Town    State    Zip

List all prior criminal convictions for the last five (5) years: \_\_\_\_\_

**CORPORATION NAME AND ADDRESS:** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Statutory Agent \_\_\_\_\_

**BUSINESS STATUS**

Have you previously had a business license in Fountain Hills?

☐ Yes☐ No

If yes, please supply business name and address: \_\_\_\_\_

**BUSINESS INFORMATION**

Arizona Sales Tax License # \_\_\_\_\_

C-12 Contractor's License \_\_\_\_\_  
Renewal Date \_\_\_\_\_and/or L67 Voltage Communication License \_\_\_\_\_  
Renewal Date \_\_\_\_\_Contractors License #: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Renewal Date \_\_\_\_\_  
(Attach copies of any licenses to verify compliance with all federal and state regulations pertaining to your trade, profession, occupation or business).For companies monitoring alarm systems, do you meet UL or FM standards? ☐ yes☐ no**List all agents, technicians, installers, or field personnel that will be working for your company in Fountain Hills.***Reminder: A 1" x 1" head photo of each person listed below must accompany the application.*

Name	Home Address	Date of Birth	Social Security Number	**Prior Criminal Convictions	Registered Security Guard? Yes or No

**\*\* Except for minor traffic offenses, for five (5) years immediately preceding the application. Attach an additional sheet if necessary.**

- 1) **Return this completed application with a check or money order for the appropriate amount.**  
 Initial License application fee (\$100.00)  
 Initial annual license fee (\$30.00)  
 Fingerprint cards are required on all company officers, partners,  
 agents, installers, and field personnel. Criminal history investigation fee (\$25.00 each)
  
- 2) A **Certificate Of Liability Insurance** is required for evidence errors and omissions insurance and combined general comprehensive insurance in the minimum amount of one million dollars (\$1,000,000). The policy must specifically cover alarm systems.
  
- 3) **Complete** the agents, technicians, installers, or field personnel listing identifying all that will be working in Fountain Hills. A 1" x 1" head/shoulder photo for each employee is required. Please note that those listed will be the only personnel authorized to work in Fountain Hills. Additions or changes will require written notification within **ten (10) days** of employment and are subject to the \$25 charge for criminal history investigation fees. Authorized personnel will be issued an ID badge, which must be displayed at all times.

**Send to completed application and fees to:**

Town of Fountain Hills, Office of the Town Clerk  
 16705 E. Avenue of the Fountains  
 Fountain Hills, AZ 85268  
 (480) 837-2003

**I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.** *(Incomplete applications may not be processed).*

Date	Owner, Partner or Corporate Officer Signature	Printed Name	Title
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----- **DO NOT WRITE BELOW THIS LINE** -----

Effective Period of License _____	Alarm License No. _____
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Date Paid _____	Amount Received _____	Check No. _____
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Approval Date _____	Denial Date and Reason for Denial _____
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\_\_\_\_\_  
 Signature of Town Marshal

Comments \_\_\_\_\_

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